

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107522389

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			X	X		
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
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23			/			
24			/			
25			/			
26			/			
27			/			
28			X	X		
29			/			
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49						
50						
TOTAL IND.			↓	↓		↓
TOTAL DEP.			←	39	←	←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			40			